

OFFICE USE ONLY

County Tester # _____

☐ Current ABPA/AWWA Cert.☐ Current Gauge Calibration☐ Public List Yes No

Approved by: _____



County of San Diego

BACKFLOW PREVENTION ASSEMBLY TESTER CERTIFICATE APPLICATION

Please provide a copy of your current ABPA/AWWA Backflow Tester Certificate, current gauge calibration(s) for all gauges used and fees. Mail all requested documents with this completed application to:

COUNTY OF SAN DIEGO DEH
TESTER CERTIFICATE PROGRAM
5201 RUFFIN ROAD, SUITE C
SAN DIEGO, CA 92123

FEES

429D03	9773	Backflow Tester Certificate, 3 years (REQUIRED)	\$ 75.00 (QC 3614)
429D04	9773	Backflow Tester Listing Fee, 1 year (OPTIONAL)	\$ 30.00 (QC 3616)

Name: _____ Company: _____ Phone: _____

Mailing Address: _____

ABPA/AWWA Certificate No. _____ Exp. Date: _____

Potable Water Test Kit: _____ Calibration Date: _____

Recycled Water Test Kit (if any): _____ Calibration Date: _____

Applicant hereby agrees to:

1. Provide accurate test results using test forms approved by the water agency.
2. Use only USC approved test procedures.
3. Sign only those test reports that I have personally performed.
4. Send copies of test results to proper agencies and individuals in a timely manner.
5. Maintain a current gauge calibration and submit a copy annually to DEH for each gauge used.
6. If a gauge calibration is submitted for a recycled water test kit, use the test kit only for testing recycled water backflow prevention assemblies.
7. Maintain a current ABPA/AWWA Tester certificate and send a copy of the certificate to DEH when renewed.
8. Attend a refresher course or seminar approved by DEH prior to the time of County Certificate renewal. A list of approved refresher courses and seminars will be mailed to all testers holding a County Certificate.
9. DEH may suspend, revoke or refuse to renew the certificate of a tester, if, after a hearing before DEH, the local health officer or designee finds that the tester has practiced fraud or deception or has displayed gross negligence or misconduct in the performance of his or her duties as a certified backflow prevention assembly tester.

Signature of Applicant_____
Date